

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: TRANSCLERAL OPHTHALMIC
ILLUMINATION METHOD AND SYSTEM
Attorney Docket Number:: GIL4A
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 13
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Tamir

Middle Name::
Family Name:: GIL
Name Suffix::
City of Residence:: Kibbutz Givat Haim Meuchad
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: Kibbutz Givat Haim Meuchad
City of Mailing Address:: Kibbutz Givat Haim Meuchad
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 38930
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Oded
Middle Name::
Family Name:: WIGDERSON
Name Suffix::
City of Residence:: Haifa
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: Wingate Street, 18/5
City of Mailing Address:: Haifa
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 33533
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Amit
Middle Name::
Family Name:: SASSON
Name Suffix::

City of Residence::	Herzelia		
State or Province of Residence::			
Country of Residence::	Israel		
Street of Mailing Address::	Hanadiv SStreet, 57		
City of Mailing Address::	Herzelia		
State or Province of Mailing Address::			
Country of Mailing Address::	Israel		
Postal or Zip Code of Mailing Address::	46485		
Applicant Authority Type::	Inventor		
Primary Citizenship Country::	Israel		
Status::	Full Capacity		
Given Name::	Zvi		
Middle Name::			
Family Name::	NIZANI		
Name Suffix::			
City of Residence::	Nofit		
State or Province of Residence::			
Country of Residence::	Israel		
Street of Mailing Address::	Hagalil Street, 114		
City of Mailing Address::	Nofit		
State or Province of Mailing Address::			
Country of Mailing Address::	Israel		
Postal or Zip Code of Mailing Address::	36803		
Correspondence Information			
Correspondence Customer Number::	001444		
Representative Information			
Representative Customer Number::	001444		
Domestic Priority Information			
Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/US04/010617	04-08-04
PCT/US04/010617	Appln claiming benefit of 35 USC 119(e)	60/460,821	04-08-03
PCT/US04/010617	Appln claiming benefit of 35 USC 119(e)	60/515,421	10-30-03

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name:: MEDIBELL MEDICALL VISION
TECHNOLOGIES, LTD.
Street of Mailing Address:: M.T.M.
City of Mailing Address:: Haifa
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 31905